

## Exhibit 22

Plaintiffs' Corrected Averment of Jurisdictional Facts and Evidence  
and/or Statement of Facts as to Defendant Al Rajhi Bank  
Pursuant to Rule 56.1

**2000 ANNUAL REPORT**  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

20039 1483  
06-06-2000



- ① CORPORATION NAME:  
SAAR FOUNDATION, INC., THE
- ② REGISTERED AGENT NAME AND ADDRESS: PRES.  
M YAQUB MIRZA  
555 GROVE STREET SUITE 110  
HERNDON, VA 20170-4705
- ③ CITY OR COUNTY OF VA REGISTERED OFFICE:  
129-FAIRFAX COUNTY
- ④ STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

DUE DATE: 07/31/2000  
CORPORATION ID: 0244665-6  
⑤ STOCK INFORMATION:

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

Carefully read the attached instruction sheet and type or print with black ink only. If Block ⑥ is blank, you must add the principal office address. If block ⑦ is blank, you must add the officer and/or director information.

⑥ PRINCIPAL OFFICE ADDRESS

|  |   |
|--|---|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY |
| ADDRESS: 555 GROVE ST<br>STE 110   | ADDRESS:                                    |
| CITY/ST/ZIP: HERNDON, VA 20170-4705  | CITY/ST/ZIP:                                |

⑦ PRINCIPAL OFFICERS AND DIRECTORS

|   |  |
|---|--|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>          | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: M YAQUB MIRZA   | NAME:  |
| TITLE: P/CEO/TRUSTEE  | TITLE:   |
| ADDRESS: 11922 SAFA COURT   | ADDRESS:   |
| CITY/ST/ZIP: HERNDON, VA 20170  | CITY/ST/ZIP:   |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE

M. YAQUB MIRZA  
PRINTED NAME

06/02/2000  
DATE

MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

2/3

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PEC-BARZ013117

## 2000 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

|  |  |  |  |
|--|--|--|--|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME: CHERIF SEDKY<br>TITLE: S/TRUSTEE<br>ADDRESS: 555 GROVE STREET<br>CITY/ST/ZIP: HERNDON, VA 20170-4705 |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME: MOHAMMAD JAGHLIT<br>TITLE: T/D<br>ADDRESS: 11921 SAFA CT<br>CITY/ST/ZIP: HERNDON, VA 22070           |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>                     |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>                     |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |

3/3

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PEC-BARZ013118

**1999 ANNUAL REPORT** 9948 1354  
COMMONWEALTH OF VIRGINIA 07-06-1999  
STATE CORPORATION COMMISSION

**1** CORPORATION NAME:  
SAAR FOUNDATION, INC., THE

DUE DATE: 08/02/1999

CORPORATION ID: 0244665-6

**2** REGISTERED AGENT NAME AND ADDRESS: PRES.

**5** STOCK INFORMATION:

M YAQUB MIRZA  
555 GROVE STREET SUITE 110  
HERNDON, VA 20170-4705

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

**3** CITY OR COUNTY OF VA REGISTERED OFFICE:  
129-FAIRFAX COUNTY

**4** STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

**IF THIS IS THE CORPORATION'S FIRST YEAR FOR FILING AN ANNUAL REPORT, PLEASE FILL IN BLOCKS 6 AND 7. PLEASE READ THE INSTRUCTION SHEET CAREFULLY AND TYPE OR PRINT WITH BLACK INK ONLY. THIS REPORT MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.**

**6** PRINCIPAL OFFICE ADDRESS

|  |   |
|--|---|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY |
| ADDRESS:<br>555 GROVE ST<br>STE 110  | ADDRESS:                                    |
| CITY/ST/ZIP: HERNDON, VA 20170-4705  | CITY/ST/ZIP:                                |

**7** PRINCIPAL OFFICERS AND DIRECTORS

|  |   |
|--|---|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY |
| NAME: M YAQUB MIRZA<br>TITLE: P/CEO/TRUSTEE<br>ADDRESS: 11922 SAFA COURT<br>CITY/ST/ZIP: HERNDON, VA 20170 | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP: |

**I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.**

SIGNATURE *M. Yaqub Mirza*

PRESIDENT/CEO  
PRINTED TITLE

DATE 6/25/99

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE). 2/3

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PEC-BARZ013119

## 1999 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

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|--|--|--|--|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME: CHERIF SEDKY<br>TITLE: S/TRUSTEE<br>ADDRESS: 555 GROVE STREET<br>CITY/ST/ZIP: HERNDON, VA 20170-4705 |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME: MOHAMMAD JAGHLIT<br>TITLE: T/D<br>ADDRESS: 11921 SAFA CT<br>CITY/ST/ZIP: HERNDON, VA 22070           |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>                     |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>                     |  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |  |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>   |  | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |  |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  |  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |  |

3/3

C7563

PEC-BARZ013120



9810 2483  
06-11-1998**1998 ANNUAL REPORT**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**1** CORPORATION NAME:

SAAR FOUNDATION, INC., THE

DUE DATE: 07/31/1998

CORPORATION ID: 0244665-6

**2** REGISTERED AGENT NAME AND ADDRESS: PRES.M YAQUB MIRZA  
555 GROVE STREET SUITE 110  
HERNDON, VA 20170-4705**5** STOCK INFORMATION:

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

**3** CITY OR COUNTY OF VA REGISTERED OFFICE:

129 - FAIRFAX COUNTY

**4** STATE OR COUNTRY OF INCORPORATION:

VA - VIRGINIA

IF THIS IS THE CORPORATION'S FIRST YEAR FOR FILING AN ANNUAL REPORT, PLEASE FILL IN BLOCKS 6 AND 7. PLEASE READ THE INSTRUCTION SHEET CAREFULLY AND TYPE OR PRINT WITH BLACK INK ONLY. THIS REPORT MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

**6** PRINCIPAL OFFICE ADDRESS

|  |   |
|--|---|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY |
| ADDRESS: 555 GROVE ST<br>STE 110   | ADDRESS:                                    |
| CITY/ST/ZIP: HERNDON, VA 20170-4705  | CITY/ST/ZIP:                                |

**7** PRINCIPAL OFFICERS AND DIRECTORS

|  |   |
|--|---|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>  | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY   |
| NAME: M YAQUB MIRZA<br>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br>TITLE: P/CEO/TRUSTEE<br>ADDRESS: 11922 SAFA COURT<br>CITY/ST/ZIP: HERNDON, VA 20170 | NAME:<br>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP: |

B001N0000228

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE

PRESIDENT/CEO  
PRINTED TITLE6/5/98  
DATE

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE).

PEC-BARZ013121

## 1998 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

|  |  |
|--|--|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>          | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |
| NAME: CHERIF SEDKY<br>TITLE: S/TRUSTEE<br>ADDRESS: 555 GROVE STREET<br>CITY/ST/ZIP: HERNDON, VA 20170-4705 | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                   | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |

|   |  |
|---|--|
| NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |
| NAME: MOHAMMAD JAGHLIT<br>TITLE: T/D<br>ADDRESS: 11921 SAFA CT<br>CITY/ST/ZIP: HERNDON, VA 22070  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>          | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |

|  |  |
|--|--|
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                     | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |

|  |  |
|--|--|
| NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/> | MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY                        |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:  | NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                        |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                     | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |

B001N0000228

PEC-BARZ013122

# 1997 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



DO NOT STAPLE ↓

**1** CORPORATION NAME:  
SAAR FOUNDATION, INC., THE

CORPORATION ID: 0244665-6

**2** REGISTERED AGENT: DIR.

**3** CITY OR COUNTY OF VA REGISTERED OFFICE:

DR. HISHAM ALTALIB  
555 GROVE ST STE 200  
HERNDON VA 20170-4705

**4** STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA

**6** ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:

THE SAAR FOUNDATION INC  
555 GROVE ST STE 200  
HERNDON, VA 22070

PLEASE READ THE INSTRUCTION SHEET  
CAREFULLY AND TYPE OR PRINT WITH  
BLACK INK ONLY. THIS REPORT MUST BE  
SIGNED BY AN OFFICER OR DIRECTOR.

**5** STOCK INFORMATION:

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

**7** ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:

STREET 555 GROVE STREET

SUITE 110

CITY HERNDON

STATE V A

CORP  
PHONE \* 7 0 3 4 7 1 6 4 6 6

ZIP 20170 4705

**8** PRINCIPAL OFFICER OR DIRECTOR:



NO CHANGE

CHANGE ☒

REMOVE ENTIRE NAME / ADDRESS

M YAQUB MIRZA  
CEO/S  
11922 SAFA COURT  
HERNDON, VA 22070

Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST  
NAME M.

MIDDLE  
NAME YAQUB

LAST  
NAME MIRZA

TITLE PRESIDENT/CEO/TRUSTEE

OFFICER ☒ DIRECTOR ☒

STREET 11922 SAFA COURT

CITY HERNDON

STATE V A

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS  
ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

ZIP 20170

SIGNATURE

PRESIDENT  
PRINTED TITLE

3/17/97  
DATE

B002N0087099

PEC-BARZ013123



CONTINUATION SHEET

**1997 ANNUAL REPORT**  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

971156600001



CORPORATION NAME:  
SAAR FOUNDATION, INC., THE

CORPORATION ID: 0244665-6

☒ 8 PRINCIPAL OFFICERS AND DIRECTORS:



MOHAMMAD JAGHLIT  
T/D  
11921 SAFA CT  
HERNDON, VA 22070

NO CHANGE ☒ CHANGE ☐ REMOVE ENTIRE NAME/ADDRESS

Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST  
NAME

MIDDLE  
NAME

LAST  
NAME

TITLE

STREET

CITY

OFFICER ☐ DIRECTOR ☐

STATE

ZIP



CHERIF SEDKY  
DIRECTOR  
555 GROVE STREET  
HERNDON, VA 22070-4705

NO CHANGE ☐ CHANGE ☒ REMOVE ENTIRE NAME/ADDRESS

Officer ☐ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST  
NAME

CHERIF

MIDDLE  
NAME

LAST  
NAME

SEDKY

TITLE

SECRETARY/TRUSTEE

STREET

555 GROVE STREET

OFFICER ☒ DIRECTOR ☒

CITY

HERNDON

STATE V A

ZIP

20170

4705

B002N0087099

PEC-BARZ013124

Document 10594-22  
1980 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

**Figure 1**



**DO NOT STAPLE !**

- 1 CORPORATION NAME:  
SAAR FOUNDATION, INC., THE

PAGE 1 OF 3 0115717  
CORPORATION ID: 0244665-6

- 2 REGISTERED AGENT: DIR.  
DR. HISHAM ALTALIB  
555 GROVE STREET, SUITE 200  
HERNDON, VA 22070-4705

- 3 STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA
- 4 CITY OR COUNTY OF VA REGISTERED OFFICE  
129 - FAIRFAX COUNTY

**USE THE ENCLOSED FORM 635/834 FOR CHANGES TO REGISTERED AGENT.**

- 5 ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:  
THE SAAR FOUNDATION INC  
555 GROVE ST STE 200  
HERNDON, VA 22070

PLEASE READ THE INSTRUCTIONS ON THE  
BACK CAREFULLY AND TYPE OR PRINT WITH  
BLACK INK ONLY. THIS REPORT MUST BE  
SIGNED BY AN OFFICER OR DIRECTOR.

- 6 ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:**

## STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--|------------|
| <p>1. <u>        </u></p> <p>2. <u>        </u></p> <p>3. <u>        </u></p> <p>4. <u>        </u></p> <p>5. <u>        </u></p> <p>6. <u>        </u></p> <p>7. <u>        </u></p> <p>8. <u>        </u></p> <p>9. <u>        </u></p> <p>10. <u>        </u></p> |            |

- ☒ PRINCIPAL OFFICER OR DIRECTOR



M YAQUB MIRZA  
CEO/S  
11922 SAFA COURT  
HERNDON, VA 22070

X

Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

**SIGNATURE**

CEO/SEC  
PRINTED TITLE

M. YAQUB MIRZA  
PRINTED NAME

3/22/96  
DATE

1990 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSIONCORPORATION NAME:  
SAAR FOUNDATION, INC., THEPAGE 2 OF 3 0115717  
CORPORATION ID: 0244665-6☒ PRINCIPAL OFFICERS AND DIRECTORSHISHAM ALTALIB  
T/AS  
11926 SAFA COURT  
HERNDON, VA 22070Officer ☒ Director ☒

X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

JAMAL BARZINJI  
CHAIRMAN  
11919 SAFA COURT  
HERNDON, VA 22070Officer ☒ Director ☒

X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:



1996 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



CORPORATION NAME:  
SAAR FOUNDATION, INC., THE

PAGE 3 OF 3 0115717  
CORPORATION ID: 0244665-6

☒ PRINCIPAL OFFICERS AND DIRECTORS



MOHAMMAD JAGHLIT  
DIRECTOR  
11921 SAFA COURT  
HERNDON, VA 22070

Officer Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

M O H A M M A D

J A G H L I T

T R E A S U R E R / D I R E C T O R

1 1 9 2 1 S A F A C O U R T

H E R N D O N

V A

2 2 0 7 0

X

Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

C H E R I F

S E D K Y

D I R E C T O R

5 5 5 G R O V E S T R E E T

H E R N D O N

V A

2 2 0 7 0 4 7 0 5